

## State of Tennessee Alcoholic Beverage Commission Complaint Against Licensee

- Read complaint form information before completing this form
- Fill in as many of the blanks as you possibly can
- After completing the form, print and mail to: Alcoholic Beverage Commission, 226 Capitol Blvd., Suite 300, Nashville, TN 37243-0755.

### Information About Complainant

It is not required that you give information about yourself. You may remain anonymous. If you do give personal information, it will remain confidential.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone (Day): \_\_\_\_\_ Evening: \_\_\_\_\_

### Information About ABC Licensed Business

Name of Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of Owner (if known): \_\_\_\_\_

Nature of Complaint (Check All That Apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Disorderly House                      | <input type="checkbox"/> Sales after 2:00 a.m. | <input type="checkbox"/> False Owner            |
| <input type="checkbox"/> Sales to Minors                       | <input type="checkbox"/> Drink Solicitation    | <input type="checkbox"/> Excessive Noise        |
| <input type="checkbox"/> Sales to Obviously Intoxicated Patron |  | <input type="checkbox"/> Other (explain): _____ |
| <input type="checkbox"/> Illegal Drug Activities               | <input type="checkbox"/> Gambling              |   |
| <input type="checkbox"/> Prostitution                          | <input type="checkbox"/> Lewd Conduct          |   |

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Have you contacted the owner regarding your complaint? ☐ Yes ☐ No

Have you filed this with another law enforcement agency? ☐ Yes ☐ No

If you answer yes, name of law enforcement agency: \_\_\_\_\_

Do you wish to be notified of the results of the investigation? ☐ Yes ☐ No

Other details: \_\_\_\_\_